## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

|   | IC INFORM                 |                      |                        |  |                               |                                       |  |  |  |               | iegory gra   |  | 27 Charles Salling   |
|---|---------------------------|----------------------|------------------------|--|-------------------------------|---------------------------------------|--|--|--|---------------|--|--|--|
| a neochanic con                                       | ent/Incident Lo           |                      | A                      |  |                               | Accident/Incident Date/Time           |  |  | Time   |               |  | **************************************   |  |
| Nearest City/Place: Brainerd                          |                           |                      |                        | State: MN                                      |                               |                                       | Date:07/01/20  |  |  | ī             | Local Time: 11am   |  |  |
| ZIP: 56401 Country: USA                               |                           |                      |                        |  |                               |                                       |  | ld/yyyy  |  |               |  |  |  |
| Latitude: Longitude:                                  |                           |                      |                        |  |                               |                                       |  |  |  | 1             | Time Zone:   | CST  |  |
| (Enter in decimal degrees or degrees:minutes:seconds) |                           |                      |                        |  |                               | Collision                             | ı with   | Other Air  | rcraft:  | O Midair      | OOn-gro  | und <b>©</b> Nor   |  |
| AIRC  | RAFT INFO                 | RMATIC               | ON                     |  |                               |                                       |  |  |  |               |  |  |  |
| Regist  | ration Number             | : N7684D             |                        |  |                               |                                       | □IFR   | -Equi  | pped and C   | ertified      |  |  | 200000000000000000000000000000000000000  |
| Manu  | facturer: Piper           |                      |                        |  |                               |                                       | ☐ Cor  | nmerc  | ial Space Fl   |               |  |  |  |
| Model   | PA 18A 150                |                      |                        |  |                               |                                       |  | 10410-11-021                                     | ross Weigh   | + 2000        |  | 11.  |  |
| Serial  | Number: 18-59             | 906                  |                        |  |                               |                                       |  |  | 0.000  |               |  | lbs<br>320   | 11   |
| Year o  | f Manufacture:            | 1957                 |                        |  |                               |                                       | Weight at Time of Accident/Incident: 1820 lbs  Number of Seats: 2 Flight Crew Seats: 1   |  |  |               |  |  |  |
| Amate   | ur-Built: OYe             | s If Yes:            | OKit/Plans M           | lake:  |                               |                                       |  |  | Seats: 2 Flight Crew Seats: 1  Seats: Passenger Seats: 1 |               |  |  |  |
|   | <b>O</b> No               | 5.                   | Original Desig         | n Number of E                                  |                               |                                       |  |  |  | Passenge      | er Seats:  |  |  |
| Catego  | ory of Aircraft           | Type of A            | Airworthiness (        | Certificate                                    |                               | Landing Gea                           |  | OI E   | igmes:   |               |  |  |  |
| <b>⊙</b> Airpl  |                           | (Check all           | that apply)            |  |                               | (Check all that                       |  |  |  |               | e Type (S  |  | iid Rocket   |
| O Ballo<br>O Blim                                     | oon<br>p/Dirigible        | Standar  Norm        |                        |  |                               |                                       | Retractable O Tur  |  |  | bo Shaft      |  | d Rocket   |  |
| O Glide   | er                        | ☐ Aerob              | oatic  Limit           |  |                               | Tricycle                              | Tailwheel OT   |  |  |               | bo Prop  |  | rid Rocket   |
| O Gyro  |                           | Balloo               |                        |  |                               | □ Amphibian                           |  | □н   | igh Skid   |               | rbo Jet ONone<br>rbo Fan OUnknown  |  |  |
|   |                           |                      | cial Flight Emergency  |  |                               | y Float □Skid ○Ele                    |  |  |  | Electric      |  |  |  |
| ORocket Utility Spec                                  |                           |                      |                        | ial Light-Sport                                |                               |                                       |  |  | ki<br>ki/Wheel   |               | and the second s | u o alexandra comprese de la compre |  |
| Certificate of Authorization                          |                           |                      |                        | imental Ligi                                   |                               | ☐ Other Laun                          | oh/D   |  |  |               |  | (Reciprocati   | 5.755  |
|   |                           |                      |                        | or Waiver<br>Unknown                           | (COA)                         | □ None                                | CII/Recove   | 27 8   | nknown   | <b>O</b> Caro | O Carburetor O Fuel-Injected   |  |  |
|   |                           |                      |                        |  | I                             | Littone                               | Date   |  | Rated Powe   |               | Total  | T  | - Control of the Cont |
| Engine  | Engine Manufa             | cturer               | Engine<br>Model/Series | Manufacturer's                                 |                               |                                       | of Mf  | g.   | O Horsep   | ower or       |  | Inspection   | Since:<br>Overhaul   |
| Eng. 1  | Lycoming                  | cturer               | 0-320 A2B              |  | Serial N<br>L9788-2           |                                       | <i>mm/dd/yyyy</i> O lbs of Thrust 01/01/57 150   |  |  | hrust         | (hours)<br>4768  | (hours)  | (hours)  |
| Eng. 2  |                           |                      |                        |  |                               |                                       | 101/01/0   | -  | 100  |               | 4700   | 18   | 191  |
| Eng. 3  |                           |                      |                        |  |                               |                                       |  |  |  |               |  |  |  |
| Eng. 4  |                           |                      |                        |  |                               |                                       |  | -  |  |               |  |  |  |
| Last In   | spection Type             |                      |                        | Propelle                                       | r 1                           | <b>⊙</b> Fixed Pitc                   | 57.0   |  | Propel   | ler 2         | 0  | Fixed Pitch  |  |
| О100-Но   | - Conti                   | nuous Airwo          | rthiness               | OControllat OGround Ad Manufacturer: Sensenich |                               |                                       |  |  |  |               | 10.30  | Controllable 1   |  |
| O AAIP<br>O Annua                                     | O Cond                    | itional Inspec       | tion                   |  |                               |                                       | The state of the s |  |  | acturer       | OGround Adjustable   |  |  |
|   |                           |                      |                        | Model: _74DM6-0-56                             |                               |                                       |  |  | Model:   |               |  |  |  |
| Date La   | st Inspection: _          | 11/13/1<br>mm/dd/yyy |                        | ELT Installed:   OYes ONo                      |                               |                                       |  |  |  |               |  |  |  |
| Airfram   | e Total Time:             | 4768                 | hrs                    | If Yes:  |                               |                                       | Additional Equipment (Check all that apply)  □ ADS-B   |  |  |               |  |  |  |
|   | measured at (Se           |                      |                        | ELT Man  | ufacturer                     | ··                                    |  | ☐ Airframe Parachute ☐ Angle of Attack Indicator |  |               |  |  |  |
| -   |                           |                      | cident/Incident        | Model or                                       |                               |                                       | enanta Manadana (ne fi   |  |  | of Attac      | k Indicator  | id<br>id   |  |
|   | Maintenance P             | rogram (Sel          | ect one)               |  |                               | 21.5 MHz) OCS                         | 91a (121.5   | MHz)   | ☐ Data   | Recorder      |  |  |  |
| Annual  | 144                       | AND ALLEST CO.       | 1                      |  |                               |                                       |  | ☐ Electronic Flight Bag or Handheld Device       |  |               |  | rice   |  |
| O Manufa  | ional (Amateur-bu         | ult only)            |                        | Was ELT  | still mour                    | nted in aircraft?<br>ected to antenna | OYes (   | ONo  |  |               |  |  |  |
| Other A   | approved Inspection       | on Program (         | AAIP)                  | Did ELT A                                      | Activate?                     | OYes ONo                              | 0103 (   | ☐ Handheld GPS                                   |  |               |  |  |  |
| Other   | ous Airworthines specify: | SS                   |                        | If activate                                    |                               |                                       | Heads Up Display   |  |  |               |  |  |  |
|   |                           |                      |                        |  |                               | eating Aircraft:                      | OYes @   | No   | Satelli  | te Tracki     | ng Device  |  |  |
| None  | on of Fire Exti           | nguishing S          | system                 | If not acti                                    |                               |                                       |  |  | ☐ Stall V  | Varning S     | System   |  |  |
| O Specify   | <b>/</b> :                |                      |                        | mulcate R                                      | area and an area and a second | ☐ Impact Damag ☐ Fire Damage          | ge   |  | ☐ Video<br>☐ Other,                                      |               | g Device   |  |  |
|   |                           |                      |                        |  | 1                             | ☐ Battery Expire                      | d/Damage   | d  |  | Specify.      |  |  |  |
|   |                           |                      |                        |  |                               | Unknown                               |  | 97.A)  |  |               |  |  |  |

| WNER/OPERATOR INFORMA  | TION   |  | V. Com              |  |  |  |  |
|--|--|--|---------------------|--|--|--|--|
| Registered Aircraft Owner  |  | City: Green Bay  |                     |  |  |  |  |
| Jame: Cardinal Adventures LLC  |  | State: WI ZIP: 54302   |                     |  |  |  |  |
| ractional Ownership Aircraft: O Yes O  | No   | Country: USA   |                     |  |  |  |  |
| Operator of Aircraft Same As Re  | gistered Owner   | ☐ Same Address as Registered Owner   |                     |  |  |  |  |
| pperator or  | • 00-100-200-200-200-200-200-200-200-200-2   | City: Green Bay  |                     |  |  |  |  |
| Doing Business As:   |  | State: WI ZIP: <u>54302</u>  |                     |  |  |  |  |
| Air Carrier/Operator Designator (4 Charact   | er Code):  | Country:   |                     |  |  |  |  |
| SA<br>Englished  |  | - C C EAD 121 125 120 125  |                     |  |  |  |  |
| Operating Certificates Held Check all that apply)  | Regulation Flight Conducted Und  | (Select one for each group)  |                     |  |  |  |  |
| □None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental                              | I THAR IZI DEAR 133 OF ART   | O Non-Scheduled or Air Taxi O International  |                     |  |  |  |  |
| □ Air Cargo  | OFAR 125 OFAR 137 OFAR 4   | O Passenger  |                     |  |  |  |  |
| ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133)                            | OFAR 91 Special Flight   | O Cargo  |                     |  |  |  |  |
| Commuter Air Carrier (FAR 135)   | O Non-US, Commercial O Non-US, Non-commercial  | O Mail Contract Only   |                     |  |  |  |  |
| ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) | OPublic Aircraft (Select one)  | Purpose of Flight for FAR 91, 103, 133, 137 (Select one)   |                     |  |  |  |  |
| Pilot School (FAR 141)   | O Armed Forces O Federal   | O Aerial Application OFirefighting OUnk  | iown                |  |  |  |  |
| Certificate of Authorization or Waiver (COA) Commercial Space Transportation                     | OState   | O Aerial Observation OFlight Test O Air Drop OGlider Tow   |                     |  |  |  |  |
| Experimental Permit  | O Local  | O Air Race/Show O Instructional  |                     |  |  |  |  |
| ☐ Commercial Space Transportation License☐ Other Operator of Large Aircraft                      | OUnknown   | O Banner Tow O Other Work Use O Business O Personal  |                     |  |  |  |  |
|  |  | O Executive/Corporate O Positioning  |                     |  |  |  |  |
| St. Marring Flight   | Air Medical Flight   | O External Load O Skydiving  |                     |  |  |  |  |
| Revenue Sightseeing Flight  O Yes  O No  | OYes ONo   |  |                     |  |  |  |  |
|  | If and dentify eight occurred on an  | proach, landing, takeoff, departure, or within 3 miles of an al  | rport)              |  |  |  |  |
|  |  | Distance From Airport Center:sm  |                     |  |  |  |  |
| Airport Name:  |  |  |                     |  |  |  |  |
|  |  | Direction From Airport: degree   | true                |  |  |  |  |
| Airport Identifier:  | Access to the second se | Direction From Airport: degrees  | true                |  |  |  |  |
| Airport Identifier: Proximity to Airport: O Off Airport/Airst                                    | Access to the second se | Airport Elevation: ft. msl   |                     |  |  |  |  |
| Proximity to Airport:  Off Airport/Airst   | Access to the second se | Airport Elevation: ft. msl  Condition of Runway/Landing Surface (Check all that app.   | y)                  |  |  |  |  |
| Proximity to Airport: O Off Airport/Airst Runway Information                                     | rip OOn Airport/Airstrip ON/A  | Airport Elevation:ft. msl  Condition of Runway/Landing Surface (Check all that app.  Dry Snow-Compacted Water-Caln Snow-Crusted Water-Chop   | <i>y)</i><br>1<br>1 |  |  |  |  |
| Proximity to Airport:  Off Airport/Airst  Runway Information  Runway ID:(L/R/C) Length:          | rip OOn Airport/Airstrip ON/A ft Width:ft  | Airport Elevation:   | <i>y)</i><br>1<br>1 |  |  |  |  |
| Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that              | ft Width:ft  t apply) acadam   | Airport Elevation:ft. msl  Condition of Runway/Landing Surface (Check all that app.  Dry Snow-Compacted Water-Caln Holes Snow-Crusted Water-Chop Ice Covered Snow-Dry Water-Glas Rough Snow-Wet Wet  | <i>y)</i><br>1<br>1 |  |  |  |  |
| Runway Information Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that              | ft Width:ft  t apply) acadam   | Airport Elevation:   | <i>y)</i><br>1<br>1 |  |  |  |  |
| Runway Information  Runway ID:(L/R/C) Length: _  Runway/Landing Surface (Check all that Asphalt  | ft Width:ft  t apply) locadam  | Airport Elevation:   | <i>y)</i><br>1<br>1 |  |  |  |  |
| Runway Information  Runway ID:(L/R/C) Length: _  Runway/Landing Surface (Check all that          | ft Width:ft  t apply) acadam   | Airport Elevation:   | <i>y)</i><br>1<br>1 |  |  |  |  |
| Runway Information  Runway ID:(L/R/C) Length: _  Runway/Landing Surface (Check all that          | ft Width:ft  t apply) acadam   | Airport Elevation:   | y)<br>oppy<br>sy    |  |  |  |  |
| Runway Information  Runway ID:(L/R/C) Length: _  Runway/Landing Surface (Check all that          | ft Width:ft  t apply) acadam   | Airport Elevation:   | y)<br>oppy<br>sy    |  |  |  |  |
| Runway Information  Runway ID:(L/R/C) Length: _  Runway/Landing Surface (Check all that          | ft Width:ft  t apply) acadam   | Airport Elevation:   | y)<br>oppy<br>sy    |  |  |  |  |
| Runway Information Runway ID:(L/R/C) Length: _ Runway/Landing Surface (Check all that            | ft Width:ft  t apply) acadam   | Airport Elevation:   | y)<br>oppy<br>sy    |  |  |  |  |
| Runway Information Runway ID:(L/R/C) Length: _ Runway/Landing Surface (Check all that            | ft Width:ft  t apply) acadam   | Airport Elevation:   | y)<br>oppy<br>sy    |  |  |  |  |
| Runway Information Runway ID:(L/R/C) Length: _ Runway/Landing Surface (Check all that            | ft Width:ft  tapply) teadam  | Airport Elevation:   | ppy<br>sy           |  |  |  |  |
| Runway Information Runway ID:(L/R/C) Length: _ Runway/Landing Surface (Check all that            | ft Width:ft  tapply) teadam  | Airport Elevation:   | ppy sy own)         |  |  |  |  |
| Runway Information  Runway ID:(L/R/C) Length: _  Runway/Landing Surface (Check all that          | ft Width:ft  tapply) teadam  | Condition of Runway/Landing Surface (Check all that app.  Dry Snow-Compacted Water-Caln Water-Clan Ince Covered Snow-Dry Water-Glas Rough Snow-Wet Wet Slush-Covered Vegetation Unknown  Droproach ODownwind OLow Approach OBase OF inal OCrosswind OUnknown  VFR Approach (Check all that apply)  None Straight-In Stop and Go Simulated Forced Landing Simulated Forced Landing Original Simulated Forced Landing Simulated Forced Landing OS Simulated Forced L | ppy sy own)         |  |  |  |  |

| "FLIGHT CREWMEN                              | IBER 1" INFO   | RMAT  | ION              |                         |   |              |                      |                |            |                     |
|--|--|---|------------------|-------------------------|---|--------------|----------------------|----------------|------------|---------------------|
| "Flight Crewmember 1" R                      | esponsibilities at th  | e Time o  | of Accident/I    |                         |   |              |                      |                |            |                     |
| ⊙ Pilot O Co-Pilot                           |  |   |                  | O Check Pilot           | f <b>O</b> Fli  | ght Enginee  | r O Othe             | er Flight Crew | 67         |                     |
| "Flight Crewmember 1" w                      |  | Yes 🗆   | No               |                         |   |              |                      |                |            |                     |
| "Flight Crewmember 1" Id                     | lentification  |   |                  |                         |   |              |                      |                |            |                     |
| First Name: Benjamin                         |  |   |                  |                         | 20  |              | Green Bay            | 2              |            |                     |
| Middle Initial: J                            |  |   |                  |                         | State: W  | //           |                      | ZIP: 5431      | 1          | _                   |
| Last Name: Buehler                           |  |   |                  |                         | Country:  | USA          | To                   |                |            | _                   |
| Age at time of                               | f Accident/Incident:   | 42  | _ Date of        | Birth:                  |   | <i>.</i>     | mm/dd/yyyy           |                |            |                     |
|  | 4  |   | Certificate Nu   | ımber:                  |   |              |                      |                |            |                     |
| Degree of Injury                             | Seat Occupied  |   |                  |                         | Restraint Type Inflatable Rest  |              |                      |                |            |                     |
| O None O Fatal O Minor O Unknown O Serious   | O Right  | <ul><li>Front</li><li>Rear</li><li>Single</li></ul> | O Unkn           | own                     | Available Used O None O None ☑ Not Installed  |              |                      |                |            |                     |
| Pilot Certificate(s) (Check as               |  | Opmer   | <u> </u>         | -                       | O Lap   |              | OLap or              |                | ☐ Instal   | led                 |
|  |  | nmercial  | TIIS)            | Military                | <b>O</b> 3-poi<br><b>O</b> 4-poi  |              | O 3-poir<br>O 4-poir |                | Deplo      | yed                 |
| ☑ Private ☐ Recrea                           | ational Airl   | ine Transp  | port Fore        |                         | O 5-poi   | int          | O 5-poir             | nt             | Unkn       |                     |
| ☐ Student ☐ Sport                            | ☐ Flig   | ht Engine   | er               |                         | O Unkr  | iown         | O Unkno              | own            |            |                     |
| Principal Occupation                         | Medical Certificate  | e:  |                  | М                       | edical Ce   | rtificate V  | /alidity             |                | Date of La | ast Medical         |
| O Pilot                                      | O None O Cla   | ass 3   |                  | 0                       |   | mitations/wa |                      | Unknown        |            |                     |
|  | O Class 1 O Dr   | iver's Lice   | ense (Sport Pile | ot only) O              | With limita   | ations/waive |                      | N/A            | 01/14/     |                     |
| Medical Certificate Limitat                  | The Control of the Co | known   |                  |                         | Special Iss   | uance        |                      |                | mm/dd/     | VYYY                |
| A A A A A A A A A A A A A A A A A A A        | Юиз  |   |                  |                         |   |              |                      |                |            |                     |
|  |  |   |                  |                         |   |              |                      |                |            |                     |
|  |  |   |                  |                         |   |              |                      |                |            |                     |
| Medical Certificate Special                  | Issuance   |   |                  |                         |   |              |                      |                |            |                     |
|  |  |   |                  |                         |   |              |                      |                |            |                     |
|  |  | <u>-</u> -  |                  |                         |   |              |                      |                |            |                     |
| Date of Last Flight Review                   |  | Flight  | t Review Air     | craft                   |   |              |                      |                |            |                     |
| or Equivalent, Including FAR 121/135 Checks: | 5/20/19  | Make:   | : Cessna         |                         |   |              |                      |                |            |                     |
| 7 75.5 5-75.50000 4                          | mm/dd/yyyy   | Model   |                  |                         |   |              |                      |                |            |                     |
| Airplane Rating(s)                           | Other Aircraft Ra  | ating(s)  | Instrun          | ent Rating(s            | s)  | Instructo    | or Rating(s)         | 1              |            |                     |
| (Check all that apply)  ☐ None               | (Check all that apply)   | )   | (Check a         | ll that apply)          | pply) (Check all that apply)  |              |                      |                |            |                     |
| ☑ Single-Engine Land                         | ☐ None ☐ Airship   |   | ☑ None □ Airpla  |                         | ✓ None ☐ Instrument Airplane ☐ Airplane Single-Engine ☐ Instrument Helicont           |              |                      |                |            |                     |
| ☑ Single-Engine Sea                          | ☐ Balloon  |   | ☐ Helice         | opter                   | ☐ Airplane Single-Engine ☐ Instrument Helicopter ☐ Airplane Multi-Engine ☐ Helicopter |              |                      |                |            |                     |
| ☐ Multiengine Land☐ Multiengine Sea          | ☐ Glider<br>☐ Gyroplane  |   | Power            |                         | - 1   | ☐ Gyropl     | lane                 | Ē              | Glider     |                     |
| M Afabara Angusa wasan                       | ☐ Helicopter   |   |                  |                         | 1   | ☐ Powere     | d Lift               | L              | Sport      |                     |
| T. D. 41                                     | ☐ Powered Lift   |   |                  |                         |   |              |                      |                |            |                     |
| Type Ratings                                 |  |   |                  |                         |   |              |                      | nts (Include   | dates)     |                     |
|  |  |   |                  |                         |   | Tailwh       | eel 4/7/2            | 20             |            |                     |
|  |  |   |                  |                         |   | High P       | erforma              | nce 12/2       | 7/19       |                     |
|  |  |   |                  |                         |   | Compi        | ex 3/27/             | 20             |            |                     |
|  | ====   |   |                  |                         |   |              |                      |                |            |                     |
| Flight Time (Enter appropriate               | All This   | s Make  | Airplane         | ************            | T   | Inst         | rument               |                |            | 7457-574            |
| number of hours in each box)                 |  | Model   | Single<br>Engine | Airplane<br>Multiengine | Night   | Actual       | Simulated            | Rotorcraft     | Glider     | Lighter<br>Than Air |
| Total Time                                   | 278  | 3   | 278              |                         | 7   |              | 59                   |                |            |                     |
| Pilot in Command (PIC)                       | 224  |   | 224              |                         | 7   | 4            | 59                   |                |            |                     |
| Time as Instructor                           |  |   |                  |                         |   |              |                      |                |            |                     |
| This Make/Model                              |  |   |                  |                         |   |              |                      |                |            |                     |
| Last 90 Days                                 | 73   | 3   | 73               |                         | 1   |              | 1                    |                |            |                     |
| Last 30 Days                                 | 31   | 3   | 31               |                         |   |              |                      |                |            |                     |
| Last 24 Hours                                | 3  | 3   |                  | У.                      |   |              |                      |                |            |                     |

| "FLIGHT CREWMEMB                                       | ER 2" INF  | ORMATIO                      | N                                |  |  |  |                   |               |  |  |
|--|--|------------------------------|----------------------------------|--|--|--|-------------------|---------------|--|--|
| "Flight Crewmember 2" Resp<br>OPilot OCo-Pilot         | onsibilities at<br>O Student Pilot   | the Time of A                |                                  | cident<br>Check Pilot                  | OFlig  | ht Engineer                                      | OOther F          | light Crew    |  |  |
| "Flight Crewmember 2" was                              | pilot flying   | Yes X                        | No                               |  |  |  |                   |               |  |  |
| "Flight Crewmember 2" Iden                             | tification   |                              |                                  | ************************************** | description of the second of t | <u></u>  |                   |               | 1  | **************************************           |
| First Name: ANdre                                      | 24/  |                              |                                  | (                                      | ity of Re  | sidence:   | BrA               | inera         | /  |  |
| Middle Initial: B                                      |  |                              | ti ili ancidi di dina matapatana |  | tate:  | Mal  | 7                 | inera         | 401  | 7-110  |
| Last Name: Dun   | 100  |                              |                                  |  |  | / 1/0  | <i>L</i> .        | IP: 30        | 101  |  |
|  |  | 17                           |                                  |  | country:   |  | -                 |               | No. Carlotte da                                  |  |
| Age at time of Ac                                      | ccident/Incider  |                              | Date of Bi                       |  | , ,  | mm   | /dd/yyyy          |               |  |  |
|  |  |                              | tificate Numl                    |  |  | 1 /  |                   |               |  |  |
| Degree of Injury                                       | Seat Occup   |                              | 0                                | 1                                      | straint T  | ype  |                   | ] ]           | Inflatable R                                     | lestraints                                       |
| None O Fatal O Minor O Unknown                         | OLeft<br>ORight  | OFront<br>SRear              | OUnknov                          | wn                                     | Availabl   |  | Used              |               | ~  | -  |
| O Serious  | OCenter  | OSingle                      |                                  |  | O None<br>O Lap o  |  | O None O Lap only |               | Not Inst<br>□ Installed                          |  |
| Pilot Certificate(s) (Check all to                     | hat apply)   |                              |                                  |  | St3-poi  |  | 3-point           |               | □ Not Dep  |  |
| □ None ■ Flight Ins                                    |  | Commercial                   | ☐ US M                           | ilitary                                | O 4-poi  |  | O 4-point         |               | Deploye  |  |
| ☐ Private ☐ Recreation                                 | nal 🔲  | Airline Transpo              | rt 🔲 Foreig                      |  | O 5-point O 5-point Unknown  |  |                   |               |  | /n   |
| ☐ Student ☐ Sport                                      |  | Flight Engineer              |                                  |  | Onto   | 10 11 11   | O chiano.         | **            |  |  |
| Principal Occupation Me                                | edical Certific  | cate                         |                                  | Me                                     | dical Ce   | rtificate Va                                     | lidity            |               | Date of Las                                      | t Medical  |
| 20 5 50  |  | Class 3                      |                                  | 100/                                   | Without lin  | mitations/waiv                                   | rers O U          | nknown        | 05/22  | 12020  |
| 0 0  | Commission of the Commission o | Driver's Licen               | se (Sport Pilot                  | only)                                  | Without limitations/waivers With limitations/waivers O N/A O Special Issuance  O Unknown O N/A  mm/dd/yyyy   |  |                   |               |  |  |
|  |  | Unknown                      |                                  | 10                                     | opecial Iss  | uance  |                   |               | mm aw yy   | <i>yy</i>  |
| Medical Certificate Limitation                         |  | Table No. (Section Visioname |                                  | 1210                                   |  |  |                   |               |  |  |
| MUST h   | ICAR   | Correct                      | 100                              | LENSE                                  | 25   |  |                   |               | *  |  |
|  |  |                              |                                  |  |  |  |                   |               |  |  |
| Medical Certificate Special Is                         | suance   |                              |                                  |  | <del></del>  |  |                   | <del></del>   |  |  |
| Medical Collineate Special is                          | Suance   |                              |                                  |  |  |  |                   |               |  |  |
|  |  |                              | E **                             |  |  |  |                   |               |  |  |
| D. C. CT. A FP. LAD.                                   |  | TO I                         | Th                               |  |  | <del>/////////////////////////////////////</del> |                   |               |  |  |
| Date of Last Flight Review or Equivalent, Including    | 1/10/2   | Flight                       | Review Airo                      | rant                                   |  |  |                   |               |  |  |
| FAR 121/135 Checks:                                    | 2/19/20  |                              |                                  | AINO                                   |  | mer - 15-09                                      |                   | X             |  | <del>*************************************</del> |
| X  | mm/dd/yyyy   | Model:                       |                                  | 12                                     |  |  |                   |               |  |  |
|  | Other Aircra   | 5700 5                       |                                  | ent Rating(                            | s)   | Instructor                                       | -                 |               |  |  |
| Married Section Commission Co. 4. 4. 4. 5. 400 Persons | (Check all that a  | apply)                       | A COLOR DIVINISHED BY            | ll that apply)                         |  | (Check all the                                   | at apply)         | pr            | γ<br>Tuetaumont Λ                                | imlana   |
| <del>-</del> /   | ☐ None<br>☐ Airship  |                              | □ None □ Airpla                  |  | 1  | Airplane   | Single-Engir      |               | Instrument A<br>Instrument H                     |  |
| Single-Engine Sea                                      | ☐ Balloon  |                              | Helico                           |  |  | Airplane   | Multi-Engine      |               | Helicopter                                       |  |
|  | Glider   |                              | ☐ Power                          | red Lift                               |  | Gyroplan   | ie<br>T. O        |               | Glider   |  |
|  | ☐ Gyroplane ☐ Helicopter   |                              |                                  |  | 1  | ☐ Powered  | Lift              | Ц             | Sport  |  |
|  | Powered Lift   | t                            |                                  |  |  |  |                   |               | W. Hw  |  |
| Type Ratings   |  |                              |                                  |  |  | Student Er                                       | ndorsemen         | ts (Include d | lates)   |  |
|  |  |                              |                                  |  |  |  |                   |               |  |  |
|  |  |                              |                                  |  |  |  |                   |               |  |  |
|  |  |                              |                                  |  |  |  |                   |               |  |  |
|  |  |                              |                                  |  |  |  |                   |               |  |  |
|  |  |                              | Airplane                         | 1                                      |  | Treet  | rumant            | T             | 1  | T  |
| Flight Time (Enter appropriate                         | All  | This Make                    | Single                           | Airplane                               | B77. 5   |  | rument            | Rotorcraft    | Glider   | Lighter  |
| mumber of hours in each box)  Total Time               | Aircraft 10,000  | & Model 300                  | 7700                             | Multiengine                            | Night 80 E   |  | Simulated         | 10            | / 5  | Than Air   |
| Pilot in Command (PIC)                                 | 10,000   | 302                          | 1 10.0                           | 1000                                   | 002  | 7,000  | 20                | 10            | 1,0  |  |
| Time as Instructor                                     | 1,000  |                              |                                  |  |  |  |                   |               | <del>                                     </del> |  |
| This Make/Model  | 11000  |                              |                                  |  |  | +  |                   |               |  |  |
| Last 90 Days   | 100  |                              |                                  |  |  |  |                   |               |  |  |
| Last 30 Days   | 30   |                              | 1000 1000 1000                   | <b>†</b>                               |  |  |                   |               | 1  | <del>                                     </del> |
| Last 24 Hours  | 3  |                              |                                  |  | -  |  |                   |               | 1  |  |
| Last 24 110ui8   |  |                              |                                  | AL                                     |  |  |                   | L             |  | I  |

| ADDITIONAL F   |  |  |                             |  |  |  |  |  |   |  |
|--|--|--|-----------------------------|--|--|--|--|--|---|--|
| Crew Name and A  | Address  |  |                             |  |  |  | Seat Occup   |  | Injury  |  |
| First Name:<br>Middle Initial:   |  |  |                             | dence:   |  |  | O Left<br>O Center   | O Front<br>O Rear  | O None<br>O Minor   |  |
| Middle Initial:  |  |  |                             |  |  |  | ORight   | O Single<br>O Unknown  | O Minor O Serious O Fatal O Unknown   |  |
| □ None   | (Check all that apply)  □ Flight Instructor  |  | mmercial                    |  | JS Military  |  | Restraint T Available O None   | Used   | Inflatable<br>Restraints  |  |
| □ Private □ Recreational □ Airline Tra □ Student □ Sport □ Flight Engi   |  |  |                             | ansport  |  |  | O None O Lap Only O 3-point O 4-point  | O 3-point  | Not Installed Installed Not Deploye   |  |
| Type Rating/Endo<br>Accident/Incident  |  | al Flight Time at the Time als Accident/Incident:hrs |                             |  | O 4-point<br>O 5-point<br>O Unknown  | O 4-point<br>O 5-point<br>O Unknown  | ☐ Deployed ☐ Unknown   |  |   |  |
| Crew Name and A  | ACTION PARTITION PROPERTY.   | COLUMN THE ASSOCIATION                               | eleganic de la constante de | emediancy inclination  |  | entropy and the second   | Seat Occupi  | ied  | Injury  |  |
|  |  |  |                             | lence:   |  |  | OLeft  | OFront   | ONone   |  |
| Middle Initial:  |  |  |                             | <del></del> -  |  |  | OCenter<br>ORight  | O Rear<br>O Single<br>O Unknown  | O Minor<br>O Serious<br>O Fatal<br>O Unknown  |  |
| Pilot Certificate(s)   | (Check all that apply)   |  |                             |  |  |  | Restraint Ty   | vne:   | Inflatable  |  |
| □ None   | ☐ Flight Instructor  |  | nmercial                    | <b>□</b> U:  | S Military   |  | Available  | Used   | Restraints  |  |
| ☐ Private ☐ Student  | ☐ Recreational ☐ Sport   | ☐ Airline Transport ☐ Foreign ☐ Flight Engineer      |                             |  |  |  | O None<br>O Lap Only<br>O 3-point  | O None<br>O Lap Only<br>O 3-point  | ☐ Not Installed☐ Installed  |  |
| Type Rating/Endorsement for Total Flight Ti  |  |  |                             |  | at the Time  |  | O 4-point  | O 4-point  | ☐ Not Deployed ☐ Deployed   |  |
| Accident/Incident A  |  | □No  | of this                     | Accident/Inc   | ident:   | hrs  | O 5-point<br>O Unknown   | O 5-point<br>O Unknown   | ☐ Unknown   |  |
| PASSENGERIS  | /OTHER PERSO   | NINDE  | ATTACABLE TO STREET         | CONTRACTOR OF STREET   | The state of the s |  |  |  |   |  |
| <b>*</b>   | /OTHER PERSO   | NNEL (I  | nclude                      | cabin crew;  | ontinue on s   | separate sheet   | if necessary)  |  |   |  |
| Name and Address   |  | NNEL (I  | nclude                      | Seat   | Injury   | Restraint Ty   |  | Inflatable<br>Restraints   | Age   |  |
| Name and Address First Name:   | City :   |  |                             | Seat   | Injury   | Restraint Ty   | ype<br>Used  | Inflatable<br>Restraints   |   |  |
| Name and Address  First Name:  Middle Initial:   | City : ;   | ZIP:   |                             | Seat OLeft OCenter   | O None O Minor   | Restraint Ty Available ONone OLap Only   | Used O None O Lap Only   | Inflatable Restraints  Not Installed   | Age Under 5 years   |  |
| Name and Address  First Name:  Middle Initial:   | City :   | ZIP:   |                             | OLeft<br>OCenter<br>ORight   | ONone<br>OMinor<br>OSerious  | Available O None O Lap Only O 3-point  | Used O None O Lap Only O 3-point   | Inflatable Restraints  Not Installed Installed Not Deployed  | ☐ Under 5 years  If Under 5,  |  |
| Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  | City : ; State: ; Country:   | ZIP:   | ner                         | Seat OLeft OCenter   | ONone<br>OMinor<br>OSerious<br>OFatal  | Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown   | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown   | ☐ Under 5 years   |  |
| Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:   | City : State: ? Country: OPassenger City :   | ZIP:   | ner                         | OLeft OCenter ORight OUnknown Row:   | ONone OMinor OSerious OFatal OUnknown  | Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown   | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown   | ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown   |  |
| Name and Address  First Name:  Middle Initial:  OCrew  First Name:  Middle Initial:  | City : ; State: ; Country: OPassenger  City : State: 2   | ZIP:   | ner                         | Seat  OLeft OCenter ORight OUnknown Row:   | ONone OMinor OSerious OFatal OUnknown ONone OMinor   | Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only   | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown   | ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held   |  |
| Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:   | City : : State: : Country: OPassenger City : : State: :  | ZIP:   | ner                         | Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight  | O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious  | Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point  | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed   | ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,   |  |
| Name and Address  First Name:  Middle Initial:  Crew  First Name:  Middle Initial:   | City : ; State: ; Country: OPassenger  City : State: 2   | ZIP:   | er er                       | Seat  OLeft OCenter ORight OUnknown Row:   | ONone OMinor OSerious OFatal OUnknown ONone OMinor   | Restraint Ty  Available O None O Lap Only O 3-point O 4-point O Unknown  Available O None O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O 10-point O 10-point O 10-point O 10-point O 10-point O 10-point   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only   | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed  | ☐ Under 5 years  If Under 5,  O Child Restrair O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,   |  |
| Name and Address  First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: OCrew  First Name:  | City: State: ?  Country: OPassenger  City: State: ?  Country: OPassenger  City: City: OPassenger   | ZIP:   | ner<br>er                   | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:  | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown  | Restraint Ty  Available O None O Lap Only O 3-point O 4-point O Unknown  Available O None O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used Used Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Deployed Unknown  Unknown  | ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  |  |
| Name and Address  First Name: Middle Initial: Last Name:  OCrew  First Name: Middle Initial: Last Name: OCrew  First Name:   | City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Z Country: OPassenger   | ZIP:   | er                          | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter  | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown  | Restraint Ty  Available O None O Lap Only O 3-point O 4-point O Unknown  Available O None O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-p | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 1-point O 1-po | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Unot Deployed Unknown  Not Deployed Unknown  | Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held  |  |
| Name and Address  First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew  First Name: OCrew  First Name:  | City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Z Country: OPassenger   | ZIP:O Other  | ner<br>er                   | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight   | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown  | Restraint Ty  Available O None O Lap Only O 3-point O 4-point O Unknown  Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Available O None O Lap Only O 3-point O Unknown  Available O None O Lap Only O 3-point   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O Unknown   | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown   | Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years If Under 5, If Under 5, If Under 5 years                          |  |
| Name and Address  First Name: Middle Initial: Last Name:  OCrew  First Name: Middle Initial: Last Name: OCrew  First Name:   | City:  | ZIP:O Other  | er                          | OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter  | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown  | Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O1-point   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 1-point O 1-po | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Installed Installed Installed  | Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years If Under 5, If Under 5, If Under 5 years                          |  |
| Name and Address  First Name:  | City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: | ZIP:O Other  | er                          | Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:                                     | ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  | Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O1-point O1-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown   | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed Instal | Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years |  |
| First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial:  Last Name:  Middle Initial:  Last Name:  Middle Initial: | City: State: Country: OPassenger  City: State: State: Country: OPassenger  City: State: State: State: State: Z Country: OPassenger  City: State: Z Country: Z Country: State: Z Country: Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | ZIP:O Other  | er                          | Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row: | ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown  | Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only  | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point  | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Installed Not Deployed Not Deployed Not Deployed Unknown  | Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown                 |  |
| Name and Address  First Name:  | City: State: Country: OPassenger  City: State: State: Country: OPassenger  City: State: State: State: State: Z Country: OPassenger  City: State: Z Country: Z Country: State: Z Country: Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | ZIP:O Other  | er                          | Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row: | ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  | Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown  Available ONone   | Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O 4-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 1-point  | Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed  | Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years |  |

| ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report   | Curred (Check all that a   Military   Military   None   Unknown   Light Condition of the current   Company   Military   Internet   None   Unknown   Light Condition of the current   ODawn   ODay   | Training Area SA R 93  | KBRD  Area (MOA)  rea  IT SITE  Weather Obs Facility ID: KE Observation Tir Time Zone: Ci Distance from A Direction from   | ne: 10:10am  ST  Accident Site: 8 nm  Accident Site: 360 degrees true  | OUnknow             |
|--|--|--|--|--|---------------------|
| City: Brainerd  State: MN  Country: USA  Type of ATC Clearance/Service (Check at Special VFR IFR  Airspace where the accident/incident occurrence of Class A Class G Class B Class C Warning Area Class D Prohibited Are Class E Restricted Are Class E Restricted Are Class E Class E Country (Check all that apply)  National Weather Information (Check all that apply)  National Weather Service Flight Service Station TV/Radio  Automated Report Commercial Weather Service (DUATS)  On-Board Weather  Basic Conditions  O VMC  O IMC  O Unknown  Sky/Lowest Cloud Condition  O Clear O Thin Broker O Partial Obscuration O Unknown  O Scattered  Lowest Cloud Condition Height  9000 ft agl   | Time Zone: CST    Curred (Check all that apply)   Specific Check all that apply   Specific Check al | City: Brair State: MN Country: U  cial IFR R On Top  apply) tary Operations out Advisory A Fraining Area SA R 93  T/INCIDEN  ODusk   | Area (MOA) rea  IT SITE  Weather Obs Facility ID: KE Observation Tir Time Zone: C: Distance from A Direction from  | O Company VFR O IFR O Williamy VFR O Unknown VFR O VFR Activated? OYes ONO O Unknown VFR O Unknown V | OUnknow  A          |
| City: Brainerd  State: MN  Country: USA  Type of ATC Clearance/Service (Check at a proper of the pro | Time Zone: CST    Curred (Check all that apply)   Specific Check all that apply   Specific Check al | State: MN Country: U  cial IFR R On Top  apply) tary Operations oort Advisory A Fraining Area SA R 93  T/INCIDEN  ODusk  | Area (MOA) rea  IT SITE  Weather Obs Facility ID: KE Observation Tir Time Zone: Ci Distance from A Direction from  | O VFR Activated? OYes ONo C  □ VFR Flight Following □ Traffic Advisory □ Unknown / NA  Altitude of In- Occurrence: □ Unknown  □ Unknown  □ Unknown  □ Unknown  □ Unknown / NA  Altitude of In- Occurrence: □ Unknown  | OUnknow  A  -Flight |
| State: MN  Country: USA  Type of ATC Clearance/Service (Check of Special VFR   | Curred (Check all that apply)    Specific VFF  | cial IFR R On Top  apply) ttary Operations oort Advisory A Training Area SA R 93  T/INCIDEN  ODusk   | Area (MOA) rea  IT SITE  Weather Obs Facility ID: KE Observation Tir Time Zone: Ci Distance from A Direction from  | Activated? OYes ONO CONTROL OYER Flight Following Traffic Advisory Unknown / NA Altitude of In-Occurrence:    OYER Flight Following Unknown / NA Altitude of In-Occurrence:   OYER Flight Foll | A<br>-Flight        |
| Type of ATC Clearance/Service (Check of None Special VFR IFR  Airspace where the accident/incident occidents of Class A Class B Demo Area Class C Warning Area Class D Prohibited Are Class E Restricted Are Class E Restricted Are Class E Note that apply National Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather On-Boa | Curred (Check all that a   Military   Military   None   Unknown   Light Condition   ODawn   ODay   | cial IFR R On Top  apply)  tary Operations bort Advisory A  Fraining Area  SA R 93  T/INCIDEN  ion  ODusk  | Area (MOA) rea  IT SITE  Weather Obs Facility ID: KE Observation Tir Time Zone: Ci Distance from A Direction from  | □ VFR Flight Following □ Traffic Advisory □ Unknown / NA  Altitude of In- Occurrence: □ Unknown  | A<br>-Flight        |
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| O Clear O Thin Broker O Few O Thin Overce O Partial Obscuration O Unknown O Scattered  Lowest Cloud Condition Height 9000 ft agl   | Ceiling  |  |  | Temperature:(C) or 75  | (F)                 |
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| O Scattered Lowest Cloud Condition Height 9000 ft agl  | ast  |  | Indefinite Unknown   |  |                     |
| Lowest Cloud Condition Height 9000 ft agl  | O Overcast   |  | Olikilowii   | Altimeter Setting: in. Hg<br>or MB   |                     |
| 9000 ft agl  | Ceiling Heigh  | ht   |  | or   |                     |
| 1  |  |  | ft agl   |  |                     |
| Wind Direction Wind Sp   | •  | Wind Gus   | te   | Visibility 10 miles  |                     |
|  | eed  | 720000000000000000000000000000000000000  |  |  |                     |
| ☐ Variable ☐ Calm  | 117  | ☑ Not Gus  | nng  | RVR:feet   |                     |
|  | and Variable   | -or-   |  | RVV:miles  |                     |
| Direction: 120 degrees true Speed: 7   |  | Speed:   | kts  | Density Altitude:ft  |                     |
|  | Precipitation (Check all   | that apply)  |  | Restriction to Visibility (Check all that appl   | ly)                 |
|  | Drizzle  | ☐ Freez  | ing Rain   | ☑ None ☐ Fog   |                     |
| O Light None Rain  | ☐ Ice Pellets  | ☐ Snow   | Shower   | ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze  |                     |
| OHeavy   | Snow Pell  |  | ellets Shower<br>zing Drizzle  | ☐ Blowing Snow ☐ Ice Fog   |                     |
| ON/A Hail  | □ Snow Grain   | The state of the s | ing Drizzie  | ☐ Blowing Spray ☐ Smoke  |                     |
| OUnknown   | nowers 🗀 ice Crysta  | ıs   |  | ☐ Dust ☐ Unknown   |                     |
| Icing Forecast   | Icing Actual   |  |  | Turbulence   |                     |
| Amount Type  | Amount   | Type   |  | Type (Check all that apply)  ☑ None  Severity □ Light  |                     |
| None     None  | None     Trace   | O N/.<br>O Ri  |  | ☐Clear Air ☐Modera   |                     |
| O Trace O Rime O Light O Clear   | OLight   | O CI   | ear  | ☐ Terrain-Induced ☐ Severe   |                     |
| O Light O Clear O Moderate O Mixed   | O Moderate   |  |  | Convective Turbulence  | 16                  |
| O Severe O Unknown   | 4.000 (1995)   |  | nknown   |  |                     |
| OUnknown   | O Severe   |  |  | 1  |                     |
| NOTAMs (D and FDC), AIRMET   | O Unknown  |  | and the same of th |  |                     |
| 100 cm c 200 cm (100 c | O Unknown  |  | at the time of   | the accident/incident:   |                     |
|  | O Unknown  |  | at the time of   | the accident/incident:   |                     |

| DAMAGE                     | TO AIRCRAFT A   | ND OTHER PRO   | PERTY  |                         |   |
|----------------------------|---|--|--|-------------------------|---|
| Aircraft Dam               |   | Aircraft Fire  | 2007   | Aircraft Explosion      |   |
| O None<br>O Minor          | <ul><li>Substantial</li><li>Destroyed</li><li>Unknown</li></ul> | <ul><li>None</li><li>In-Flight</li><li>On-Ground</li></ul> | O Both Ground and In-Flight O Fire at Unknown Time O Unknown | O In-Flight O On-Ground | O Both Ground and In-Flight O Explosion at Unknown Time O Unknown |
| Description o              | f Damage to Aircraft a  | nd Other Property (  | Use additional sheet if necessary)                           |                         |   |
| Aircraft flip<br>leakage d | oped on impact.<br>amage from the                               | Damage to protanks.  | op, engine, both wings, a                                    | nd tail. Farm fie       | eld may have fuel   |
|                            |   |  |  |                         |   |
| NADDATIVE                  | E HISTORY OF FUR  | CUT (D)  |  |                         |   |
| Describe wha               | HISTORY OF FLIC   | GHI (Please type or  | print in ink) circumstances leading to and natu              |                         |   |
| WICCKAGE UIST              | ribution sketch if pertine<br>rovide as much detail as          | int. Attach extra sheet                                    | s if needed. State departure time and                        | and location, services  | obtained, and intended  |
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| RECOMMENDATION (How co   | ould this ac                | cident/incident hav  | e been prever     | nted?)   |                  |                  |  |
|--|-----------------------------|--|-------------------|----------|------------------|------------------|--|
| Operator/Owner Safety Recommen   | dation                      |  |                   |          |                  |                  |  |
|  |                             |  |                   |          |                  |                  |  |
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| MECHANICAL MALFUN  |                             | the second section of the second section is the second section of the second section is a second section of the second section is a second section of the second section secti | e space is nee    | ded, cor | itinue on separa | ite sneet)       | Total Time/Cycles                        |
| Was there Mechanical Malfuncti<br>(If yes, list the name of the part, manufo | on/Failure<br>acturer, part | ? L Yes L No<br>no., serial no., and des   | cribe the failure | .)       |                  |                  | On Part                                  |
| (3),00,  |                             |  |                   |          |                  |                  | Hours                                    |
|  |                             |  |                   |          |                  |                  | Cycles                                   |
|  |                             |  |                   |          |                  |                  | Time Since This Part                     |
|  |                             |  |                   |          |                  |                  | Inspected/Overhauled                     |
|  |                             |  |                   |          |                  |                  | Hours                                    |
|  |                             |  |                   |          |                  |                  |  |
| FUEL & SERVICES INFO   | RMATIC                      | NC   |                   |          |                  |                  |  |
| Fuel on Board at Last Takeoff  |                             | Fuel Type  | O 115/145         |          | O Jet B          | O Other, specif  | fv                                       |
| (Convert from pounds, as necessary)  | Callons                     | O 80/87<br>O 100 Low Lead  | O Jet A           |          | O JP8            | •                | ×  |
|  | Gallons                     | O 100/130  | O Jet A-1         |          | O Automotive     |                  |  |
| Other Services, if Any, Prior to   | Departure                   |  |                   |          |                  |                  |  |
|  |                             |  |                   |          |                  |                  |  |
| EVACUATION OF AIRC   | DAET                        |  |                   |          |                  |                  |  |
| EVACUATION OF AIRC   |                             | oft manfanmod?   | ☑ Yes             | □ No     |                  |                  |  |
| Was an emergency evacuation of Method of Exit – Describe how t               | he occupan                  | ts exited and how m  | any occupants     | evacuate | d each location  |                  |  |
| Method of Exit - Describe how to   | aina un                     | side down H  | arnesses          | were ı   | unbuckled.       | I opened t       | the lower part of the                    |
| We both ended up har door and we both clim                                   | bed out.                    | Sido dovini 11   | <b></b>           |          |                  |                  |  |
|  |                             |  |                   |          | lete this one    | tion for other a | ircraft)                                 |
| OTHER AIRCRAFT - CO  |                             |  |                   |          |                  |                  | Damage to Other Aircraft                 |
| Aircraft Registration Number   |                             | urer:  |                   |          |                  |                  | ☐ Destroyed ☐ Minor ☐ Substantial ☐ None |
| Registered Owner of Other Air  |                             |  |                   |          | Other Aircraft   |                  | _ buosminu                               |
| Name:  |                             |  |                   | Name:    |                  |                  |  |
| City: ZIP:   |                             |  |                   |          |                  |                  |  |
| State:ZIP: _ Country:  |                             |  |                   | Country  | r:               |                  |  |
| OF COUNTY A  |                             |  |                   |          |                  |                  |  |

| ADDITIONAL INF         | ORMAT      | FION (Please type or print in ink)  |                                   |                      |
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|                        |            | ace is needed for any answers.      |                                   |                      |
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| I HEREBY CERTIFY       | THAT T     | HE ABOVE INFORMATION IS COMPI       | ETE AND ACCURATE TO THE BEST OF I |                      |
| Date of this Report    | Name of    | Pilot/Operator: Boysamin Buel       | A.                                | MY KNOWLEDGE         |
| O(1/2/2)               | Signature  |                                     |                                   |                      |
| mm/dd/yyyy             | or         |                                     | •                                 |                      |
| TC Describer           |            |                                     | locument                          |                      |
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|                        |            | FOR NTSB (                          |                                   |                      |
| NTSB Accident/Incident | at No.     | Reviewed by NTSB Regional Office    | Name of Investigator              | Date Report Received |
| CENZUCAZOO             |            | Denver, CO                          | Arnold W. Scott                   | July 10, 2020        |

## Narrative history of flight:

On June 29,2020 I completed the purchase of a Supercub from Dale Rahn in Brainerd MN. A wire transfer for the purchase price was completed and I received a bill of sale from Mr Rahn. As a condition of solo flight in the Supercub, the insurance company required that I receive a minimum of two hours of training and a signoff from a CFI.

I contracted with CFI Andrew Dunlap to perform the required training and signoff. He was based at the airport and had flown this particular plane before. On Tuesday, June 30 we completed 2.2 hours of training in the Supercub. Mr Dunlap signed my log book confirming that the training was completed, endorsing me for solo flight. The training in this particular aircraft consisted of multiple take offs and landings at the Brainerd Lakes Regional Airport both on grass and paved runways. After the training on Tuesday, June 30, Mr Dunlap and I discussed performing 10 or so more take offs and landings in the Supercub before I would depart to make the trip home to Green Bay Wi.

On Wednesday July 1, 2020 Mr Dunlap and I met at the airport about 10am. After preflight and a bit of discussion, we took off and performed 5 take offs and landings between runway 16 and a grass strip on the south end of the field. The ASOS at the airport was reporting light winds at 120 degrees. At that point, Mr Dunlap mentioned that we could go off airport and land in a hay field behind his house and also another field he knew of where he had obtained permission to land. He had landed in the hayfield other times and was familiar with it.

After leaving the airport, we located the field and did a low pass to the east, approximately 300 feet above the ground over the area we would be landing in. We noted that there was a slight ditch with some water in it about halfway down the field and that we would need to land beyond it. We flew a left handed traffic pattern and came back around to land in the field as discussed. I landed beyond the ditch as suggested. I do not know how far beyond the ditch we landed but I remember noticing the trees at the end of the hayfield getting closer. We slowed a bit, but I believe the tail was still flying when I determined that we were getting uncomfortably close to the trees. I remember saying a couple of expletives at the time regarding the trees. I had just moved my feet to begin applying slight braking to slow us down. At that point the plane hit a bump, or bounced a bit and the nose went over. The aircraft flipped on its back instantly. I was wearing the 4 point harness in the aircraft, but still my face went into the dash or the cross brace on the windshield, I'm not sure which.

After a brief second or two I realized what happened. I opened the door and unlatched my belt while trying to get a response from Mr Dunlap. He exited the plane right behind me. I noticed I was bleeding from my head and Mr Dunlap called 911 as we were walking through the field to his house. An ambulance came and took me to the hospital where I got stitches and a CT scan of my head.

## Recommendation:

This accident could have been prevented with better preflight communication and a better plan B. I was not as familiar with landing in this or any other off airport location as I should have been. In a preflight discussion, we should have talked about what would happen if things went

wrong. By the time I realized the trees were coming uncomfortably close, it was too late to talk about emergency procedures. Also, the better plan would have been to land in the first half of the field with the shallow ditch at the end. We picked the second half of the field with the trees at the end. A shallow ditch is a much better out than trees.

Also, on a normal airport landing I would always have a down or up point picked out. If we weren't flying by the second taxiway or landed by the windsock I would know that a go around was the best choice. Landing off airport in an unfamiliar field did not give me these options.